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Procurement Director

16-02-P Employee Physicals and Workers Compensation

Aiken County Government is soliciting Request for Qualifications from medical provider(s) for Employee Physicals (Part 1) and Worker's Compensation (Part 2). The selected vendor(s) will provide the listed services, and the others as needed, for a period of one (1) year with four (4) additional option years. Offerors may submit a proposal for only one Part or both Part 1 and Part 2.

Part 1 – Employee Physicals

Aiken County has approximated 900 employees, with 325 emergency workers (Sheriff and Emergency Services), and 65 CDL drivers. There are about 250 new hires each year, with 90 being emergency workers and 20 CDL drivers. The selected facility must have the ability to provide new-hire physicals, CDL physicals, emergency worker's respirator checks, random drug screens, and other services as required. All services should be available during the provider's regular business hours, Monday – Friday, without an appointment. County staff will work with the awarded vendor to provide as much advance notice as possible. Questions should be submitted to procurement@aikencountysc.gov

PROPOSAL REQUIREMENTS:

Offerors should submit the following information:

1. Letter summarizing the facilities ability to meet the needs of the County's medical services;
2. Signed Proposal Document;
3. Description of the facility to include hours of operation
4. Number and qualifications of the professionals that will be involved in the County contract
5. On-site testing and x-ray capabilities
6. References from two current clients for similar work;
7. Price list (attached).

TYPE PE 1 – PRE-EMPLOYMENT PHYSICAL EXAM (ADMINISTRATION)

<u>Procedures and Fees</u>	
Physical Exam (PE)	\$
Urinalysis (UA)	\$
TB Skin Test (PPD)	\$
10 Panel Drug Screen (IDP10)	\$
TOTAL	\$

TYPE PHYSICAL EXAM 2 – DRUG SCREEN ONLY

<u>Procedures and Fees</u>	
IDP10	\$

TYPE PE 3 – PRE-EMPLOYMENT PHYSICAL EXAM (PUBLIC WORKS, NON CDL)

<u>Procedures and Fees</u>	
PE	\$
UA	\$
Respirator (P-BPFT)	\$
Lumbar/Spine X-ray (XLS2)	\$
PPD	\$
IDP10	\$
TOTAL	\$

TYPE 4 – PRE-EMPLOYMENT PHYSICAL EXAM (PUBLIC WORKS, CDL)

<u>Procedures and Fees</u>	
DOT (physical)	\$
UA	\$
P-BPFT	\$
XLS2	\$
Federal Drug Screen (COLFEE)	\$
TOTAL	\$

TYPE 5 – PHYSICAL EXAM – Random Drug Screen (UDS DOT)

<u>Procedures and Fees</u>	
COLFEE	\$

TYPE 6 – PRE-EMPLOYMENT PHYSICAL EXAM – SHERIFF’S OFFICERS

<u>Procedures and Fees</u>	
PE	\$
UA	\$
PPD	\$
RPR (Syphilis)	\$
Chest X-ray (XC2)	\$
IDP10	\$
Hemoglobin (HEMO)	\$
P-BPFT	\$
TOTAL	\$

TYPE 7 – PRE-EMPLOYMENT PHYSICAL EXAM - EMERGENCY MEDICAL TECHNICIANS

<u>Procedures and Fees</u>	
PE	\$
UA	\$
PPD	\$
RPR (Syphilis)	\$
Chest X-ray (XC2)	\$
XLS2	\$
IDP10	\$
Hemoglobin (HEMO)	\$
Hepatitis B Surface Antigen	\$
TOTAL	\$

TYPE 8 – PRE-EMPLOYMENT/ANNUAL PHYSICAL EXAM – HAZMAT

<u>Procedures and Fees</u>	
PE	\$
UA	\$
Executive Profile (EP)*	\$
P-BPFT	\$
Chest X-ray (XC2)	\$
Hearing (AST-A)	\$
IDP10	\$
TOTAL	\$

ADDITIONAL TESTS IF NEEDED

<u>Procedures and Fees</u>	
Hepatitis B Antibody (HEPBSA)	\$
Hepatitis B Surface Antigen	\$
Hepatitis C	\$
Rapid HIV	\$
HIV 1/2 Antibody with Reflex	\$
Chest X-Ray (XC1)	\$

PRICING FOR INNOCULATIONS

<u>Innocation and Fees</u>	
Rabies	\$
DBT	\$
Hepatitis B	\$
Tetanus	\$
Flu Shot	\$

EVALUATION:

The County staff, led by the Human Resource Director, will evaluate all the proposals according to the following criteria. The final contract award will be made by the County Council.

- Ability of the facility to meet Aiken County's medical services needs;
- Number of qualified staff;
- Convenience to County staff – hours and location;
- Ability to do on-site testing/x-ray;
- Price.

End of Part 1-Employee Physicals

Part 2 – Worker’s Compensation

The scope of medical services does not include the provision of pre-employment physicals or random drug and alcohol testing.

The provider must maintain: 1) a minimum of one million dollars in professional liability insurance to cover the provision of these services as well as fines that could be imposed by Federal or State regulatory agencies and 2) other insurances required by State and federal law. If selected, the provider must present proof of insurance.

1. Workers’ Compensation Injuries

For the last five years, Aiken County has had an average of 62 employee injuries per year, which have been covered by its workers’ compensation program. These injuries vary from minor injuries to death. The County is requesting proposals from physicians for the provision of initial screening and treatment of all injuries except those, which are so severe that they require immediate transport to a hospital emergency room. Provision for the County must authorize follow-up treatment and referrals to other specialist’s as designated by the workers’ compensation administrator. Compensation for the treatment of workers’ compensation injuries will be in accordance with the South Carolina statutory schedule.

Physicians desiring to provide initial treatment for work-related injuries shall provide the following qualification information:

- **Hours that medical services are normally available.** Aiken County has employees on duty 24 hours per day, 365 days per year. Availability of service will be an important factor in the proposal evaluation. Would you be able to provide services for after-hours injuries? How often are you closed for vacations, holidays, training, etc.?
- **Location** of the office(s). County employees are stationed throughout the County and accessibility/convenience is always a plus.
- **Flexibility to provide services without an appointment.** Indicate the normal business hours.
- **Use of Physician’s Assistants.** Will an employee see a physician each time or will some services be provided by a Physician’s Assistant (P.A.)? If a P.A. is used, will there a reduction in charges to the County?
- **Follow-up Visits.** Will there be a charge for follow-up visits if the sole purpose is to check the injury, not to provide additional treatment?
- **Philosophy on the treatment of injury.** What is your philosophy on treatment of injuries, i.e. light duty, bed rest, return to work, etc. (see sample injuries that follows)?
- **Wait time.** What is the estimated wait time before an employee is treated for a non-critical injury?
- **Prescription Drug.** What is your philosophy on pain management (see sample injuries that follow)?
- **Drug and Alcohol Testing.** Are you able to provide post accident testing to include, as necessary, Department of Transportation (DOT) level testing?

- **Names.** Please provide the names of all physicians in the practice with a description of their specialties and medical qualifications.
- **Laboratory's Name.** Please provide the name of the lab that will be used for all post-accident drug and alcohol testing.

Please describe the standard protocol that would be used for the following four sample injuries:

- **An EMT injures his/her lower back.** The injury is determined to be a muscle spasm. Identify the treatment, amount and type of work the injured employee can handle, days estimated for the employee to be off work (if any), and medicines to be prescribed.
- **An employee sustains a cut to the right arm, requiring five (5) stitches.** The employee is right handed and is a secretary. Identify the treatment, amount and type of work the injured employee can handle, days estimated for the employee to be off work, and medicines to be prescribed.
- **A public works employee is stung by a wasp on his/her leg.** The employee is not sensitive to wasp or insect stings. The employee works on a motor grader maintaining County roads. Identify the treatment, whether the employee would need to be out of work, if so for how long, *(delete since employee is not sensitive to insect stings)*, and the medicines that might be prescribed.
- **A Sheriff's deputy strains his/her knee.** Identify the treatment, amount and type of work the injured employee can handle, days estimated for the employee to be off work, and medicines to be prescribed.

Medical providers desiring to administer the County's Hepatitis B vaccine program shall provide the following qualification information:

- **Hours that medical services are normally available.** How will you provide services for bloodborne pathogen exposures after normal business hours or when the office is closed for vacations or training?
 - **Location.** Where is your office located?
 - **Schedule of fees.** Provide a list of fees that you will charge for this service.
 - **Experience.** State your experience in administering a program of this type.
 - **Laboratory.** Identify the laboratory that will be used to provide interpretation of the titre evaluation test under this contract.
 - **Name.** Identify the primary individual responsible for this program and their qualifications as well as the names of other key staff who will assist in administering the program. Please provide detail of the responsibilities of each staff member involved with the program.
3. **Drug and Alcohol Testing Program** - By County ordinance, all employees who are involved in an accident, regardless of whether an injury was incurred or not, are required to be tested for drugs and alcohol. It is estimated that the County will need between 300 and 400 drug and alcohol testings per year. The program will include:

- A. Administer the intoxilyzer screenings, follow-up testing and evaluations as prescribed by the Department of Transportation (DOT), the National Institute of Drug Abuse (NIDA), and Aiken County regulations.
- B. Administer urine drug screenings, follow-up testing and evaluations as prescribed by DOT, NIDA, and Aiken County.
- C. Provide a written copy of the test results to the county Risk Manager including an interpretation/explanation of the results within five (5) days of the testing.
- D. Conform to the prescribed methods for collecting, labeling, and shipping/mailing of specimens to the designated laboratory.

Medical providers desiring to administer the County's post-accident drug and alcohol testing program shall provide the following qualification information:

- **Hours that testing services are normally available.** How will you provide services for bloodborne pathogen exposures after normal business hours or when the office is closed for vacations or training?
- **Location.** Where is your office located?
- **Schedule of fees.** Provide a list of fees that you will charge for this service.
- **Mobility.** Describe your ability to go to locations designated by the County to conduct after-hours testing, if such service is available.
- **Experience.** State your experience in administering a program of this type.
- **Laboratory.** Identify the laboratory that will be used to provide interpretation of the titre evaluation test under this contract.
- **Name.** Identify the primary individual responsible for this program and their qualifications as well as the names of other key staff who will assist in administering the program. Please provide detail of the responsibilities of each staff member involved with the program.

<u>Procedure and Fees</u>	
PE	\$Per SC Worker's Comp Commission Schedule
Post-Accident UA	\$
Post-Accident Breath Alcohol	\$
Follow Up PE	\$Per SC Worker's Comp Commission Schedule
	\$

WORKER'S COMPENSATION EXAMINATION – Please fill in any other procedures you believe relevant to Worker's Compensation. If your fees would be lower than the SC Worker's Compensation Commission Schedule, please note what they would be on the appropriate line. Please also note if you are not interested in providing Worker's Compensation examinations.

<u>Procedure and Fees</u>	
PE	\$
Post-Accident UA	\$
Post-Accident Breath Alcohol	\$
Follow Up PE	\$

EVALUATION CRITERIA

Regular Hours of Operation (30%): State clearly your regular office hours, including the days of the week your office is open. Also, include a list of the holidays that your office is closed.

Location of Office (25%): State the physical address of your office(s) in Aiken County.

Qualifications of Medical Staff (25%): Prepare a brief statement regarding the general medical experience of the staff in your Aiken County office(s).

Experience administering Worker's Comp Programs (10%): Prepare a statement regarding your practice's experience in administering Worker's Comp Programs.

Experience administering Hepatitis B Programs (10%): Prepare a statement regarding your practice's experience in administering a Hepatitis B Program.

End of Part 2-Workers Compensation